

North Dakota Department of Emergency Services
Division of Homeland Security
PO Box 5511
Bismarck, ND 58506-5511
701-328-8100

**Federal Fiscal Year 2009
Hazardous Materials Emergency Preparedness
Training Grant Application**

1. APPLICANT:

Applicant Name: _____
Address: _____
City: _____ State: ND Zip Code: _____

2. CONTACT INFORMATION:

Name: _____
Address: _____
City: _____ State: ND Zip Code: _____
Telephone #: _____ Cell #: _____
Fax #: _____ Email: _____

3. PROJECT INFORMATION:

Total HMEP Grant Dollars Requested: \$ _____

Total Local Match \$ _____

Jurisdiction Representation -- Does this proposal represent:

- | | |
|---|--|
| <input type="checkbox"/> A single discipline agency | <input type="checkbox"/> Multiple discipline agencies |
| <input type="checkbox"/> A county-wide effort | <input type="checkbox"/> A multi-county effort |
| <input type="checkbox"/> A regional effort | <input type="checkbox"/> Other (explain): _____
_____ |

SCOPE OF WORK: (Provide a full description of the training/curriculum including who will be the trainer, if known, and his/her credentials; who will coordinate/organize the training, etc.)

Estimated Date(s) of Training: _____

Location of Training: _____

Anticipated # of Participants: _____

Detailed Description of Proposed Expenditures	Cost Estimate	
Example: Rental of Training Facility	\$	100
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Cost Estimate	\$	
Federal Grant Request (80%)	\$	
Applicant Matching Requirement (20%)	\$	

☐ In-Kind ☐ Cash ☐ Combination of In-Kind & Match

If any portion of the 20% Non-Federal Applicant Share will be In-Kind, please explain how the match will be achieved: _____

NOTE: If your Training Proposal is approved, you will be required to provide documentation to support in-kind match expenses when requesting reimbursement. In-kind match expenses must be verifiable.

6. DUE DATE:

All HMEP Grant Applications must be received by DES no later than **4:30 p.m. CDT on September 9, 2008.**

You may mail the applications to:

ND Department of Emergency Services
Division of Homeland Security
P.O. Box 5511
Bismarck, ND 58506-5511
Attn: Karen Hilfer

For Assistance call:

Karen Hilfer
701-328-8100
khilfer@nd.gov

FAX: 701-328-8181

7. CERTIFICATION:

We, the undersigned, hereby certify

- The above grant request will be utilized in accordance with federal and state laws and regulations to provide training for the jurisdictions defined on a 80-20 basis with non-federal resources;
- The above grant request does not supplant other funds; and
- The jurisdiction has completed all EPCRA requirements

Signature of Applicant

Date

Signature of Fiscal Authority

Date